S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30919

Registration District No. 128 — Primary Registration District No. 2000 — Registrar's No. 790

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Springfield Baptist Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 2 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster 112
(c) City or town Marshfield (If outside city or town limits, write "RURAL")
(d) Street No. x (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Grace D. Hudgens
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife F.W. Hudgens
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased July (Month) - 15 (Day) - 1888 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	56	2	13	x hr. x min.

9. Birthplace Webster County - Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
FATHER
12. Name John Ford
13. Birthplace Unk. Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unk. Edwards
15. Birthplace Unk. Missouri (City, town, or county) (State or foreign country)
16. (a) Informant F. W. Hudgens
(b) Address Marshfield - Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. - 1 - 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Marshfield, Mo.
18. (a) Signature of funeral director [signature]
(b) Address Marshfield, Missouri
19. (a) 9-30-44 (Date received local registrar) (b) Dr M E Hendley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 28 year 1944 hour 4:00 minute P.M.
21. I hereby certify that I attended the deceased from Sept 25, 1944, to Sept 28, 1944 that I last saw her alive on Sept 28, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Abdominal Carcinomatosis	2 yrs
Due to: Papillary Cystadenoma	
Due to: Ovary (malignant)	2 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations (above)
Of autopsy 49a

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work (e) Means of injury
23. Signature Robert Glynn (M. D. or other) 9/30/44
Address Springfield, Mo. Date signed

984 (Licensed Embalmer's Statement on Reverse Side)

FEB 28 1947

DEC 6 1954

JUN 8 1945

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____ Registered Apprentice No. _____ working under my personal supervision.

Signed _____

Licensed Embalmer No. 3312

P. O. Address Marshfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.